United Nations CERF Central Emergency Response Fund

BANGLADESH
RAPID RESPONSE

2024

CERF-BGD-24-RR-1421

Gwyn Lewis
Resident/Humanitarian Coordinator

PART I - ALLOCATION OVERVIEW

1. Reporting Process and Consultation Summary:	
1.1 Please indicate when the After-Action Review (AAR) was conducted and who participated.	14 May 2025

1.2 Please indicate who participated in the After-Action Review (AAR)

Under the leadership of Resident Coordinator (RC), Gwyn Lewis, an After-Action Review (AAR) was conducted on 14 May 2025, with the participation of program officers from WFP, UNFPA, UNICEF, and OCHA ROAP. The outcomes of the AAR will be shared with the United Nations Country Team (UNCT) and the Humanitarian Advisory Group (HAG). Summary Note from the meeting can be found here: https://drive.google.com/file/d/1VnIATVx_aK6bb5z8QfAf3k0rMbpTI75w/view?usp=sharing

Prior to this, a joint monitoring mission took place from 26-28 January 2025 to Noakhali, organized by the Resident Coordinator's Office (RCO) with support from UNICEF, UNFPA, and WFP. The mission aimed to assess the progress of CERF-funded Rapid Response projects for the Eastern flood. During the visit, the team engaged with local communities, conducted open dialogues, met with implementing partners, visited beneficiaries, and discussed project implementation with local authorities.
The team assessed CERF-funded initiatives included: i) Immediate Food Assistance, Unconditional Cash Assistance and Conditional Assistance by WFP iii) WASH and health interventions implemented by UNICEF, and iv) Sexual and reproductive health services, delivered by UNFPA.

https://bangladesh.un.org/en/289287-race-against-floods-bangladesh
https://bangladesh.un.org/en/277638-two-million-children-risk-worst-floods-three-decades-lash-through-eastern-bangladesh

https://news.un.org/hi/story/2024/09/1079201

https://x.com/UNICEFBD/status/1812442581005119820
https://www.unicef.org/bangladesh/en/press-releases/over-772000-children-are-affected-flash-floods-north-east-bangladesh

https://www.facebook.com/share/p/1BLhtocAji/
https://www.facebook.com/share/p/14gHBT5hFj/

1.3 Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes	X	No
1.4 Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes	X	No

2. STRATEGIC PRIORITIZATION

2.1 Statement by the Resident/Humanitarian Coordinator:

In August, heavy rains in the northeast and southeast of Bangladesh, worsened by rainfall in India, caused severe flooding in Chattogram. A total of 5.8 million people across 11 districts were affected, including Noakhali, Cumilla, Laxmipur, Feni, Chattogram, Moulvibazar, Rangamati, and Khagrachari—sub-districts that had not previously been prone to flooding.
The scale of the destruction led to food insecurity, the collapse of water, sanitation, and hygiene (WASH) services, and the devastation of health infrastructure, triggering a serious public health crisis with a rise in waterborne diseases.
The situation was further complicated by a change in government, which replaced key figures in ministries and local administrations, disrupting the coordination of regular government response programs and aid safety nets.
Previously, the country had already been hit by Cyclone Remal in May, which affected 4.6 million people across 19 districts, as well as by flooding in the northeast that displaced 3.7 million residents. In total, the four emergencies impacted nearly 18 million people, affecting 45% of the country—namely, 29 out of Bangladesh's 64 districts.
The Central Emergency Response Fund (CERF) provided critical and immediate funding for life-saving emergency assistance to
352,0721 People (66,564 women, 64,876 men, 109,740 girls and 110,892 boys, inclusive of PWD) of the most vulnerable people affected by flash floods in eastern Bangladesh.
The prioritized life-saving assistance package consists of (1) Emergency food security assistance and cash assistance; (2); Emergency WASH interventions integrated with lifesaving health assistance to prevent and control waterborne disease outbreaks and reduce public health risks; (3) Health (SRH) assistance.

2.2 CERF's Added Value:

The funding from CERF arrived at a crucial moment, as there was a need to scale up support to vulnerable communities affected by flash floods in eastern Bangladesh. This contribution enabled a rapid activation of the response.
WFP began assistance on August 22 by distributing high-energy biscuits to displaced people. It then implemented a structured three-phase intervention: first, immediate food assistance was provided to 150,000 people sheltered in temporary accommodations, improvised tents, or on embankments; in the second phase, 51,325 received multipurpose cash transfers (MPC); and in the final phase, nearly 10,936 people participated in cash-for-work programs, which included the rehabilitation of approximately 200 km of roads and pavements.
UNFPA focused its support on women and girls of reproductive age, including pregnant women, adolescents, persons with disabilities, and individuals with diverse gender identities, reaching 49,849 people. 16 union level health facilities were equipped with emergency supplies and deployed midwives to provide maternal health services to 19,578 women and girls.
UNICEF provided vital water, sanitation, and hygiene (WASH) services for 213,553 people, including mobile potable water treatment plants, advanced-design latrines, and climate-resilient water and sanitation systems designed to withstand future floods for at least the next ten years.
UNICEF also carried out critical health interventions for 247,283 people, strengthening the medical referral system in collaboration with the Civil Surgeon's office. Efforts ensured that children received pending vaccinations, and facilities and essential equipment were upgraded to guarantee the continuity of health services.

2.2.1 Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

CERF funds significantly contributed to the rapid delivery of assistance to people in need. Although the official approval letters were received in September, CERF authorized an early start of interventions. UNICEF began activities on August 17, and WFP followed on August 24. This allowed life-saving actions to be recognized from the moment the floods began to impact communities. In the first hours of the emergency, high-energy biscuits were distributed to 150,000 displaced people stranded by the floods and sheltering in temporary facilities, improvised tents, and embankments. The unprecedented flooding had a severe impact on food security and livelihoods. UNICEF also provided access to safe drinking water through mobile water treatment plants. In response to the widespread contamination of water sources—affected by fecal waste, oil, chemicals, and industrial runoff—innovative solutions were deployed, such as advanced-design latrines and climate-resilient water and sanitation systems. These measures were essential to reduce health risks and support overstretched health facilities. In the health sector, UNICEF strengthened referral systems and worked with the Civil Surgeon's office to respond to emergencies, particularly for children and pregnant women in advanced stages who were identified in shelters or health camps. These women were referred to the district hospital in Noakhali, which, though initially overwhelmed, rapidly scaled up its capacity. Additionally, UNFPA distributed menstrual hygiene and maternal kits and set up sexual and reproductive health camps to meet the urgent needs of women and girls.

2.2.2 Did CERF funds help respond to time-critical needs?

Yes

The CERF allocation addressed urgent interventions required in critical sectors such as water supply, sanitation, food security, and sexual and reproductive health (SRH) services, and focused on the most affected districts: Cumilla, Noakhali, Laxmipur, Feni, and Khagrachari, that were identified as the hardest-hit areas. Through UNFPA, 30 midwives trained by clinical doctors in union-level health facilities affected by the floods provided life-saving maternal health services. In addition, 15 union-level health facilities were equipped with essential supplies and logistics to facilitate the provision of quality services. A total of 40 mobile SRH camps were organized at the union level, offering antenatal and postnatal care, maternal counseling, family planning counseling, primary screening for cervical cancer, care for high-risk pregnancies and referrals, as well as gender-based violence (GBV) referral services. With CERF support, WFP distributed 150 metric tons of fortified biscuits to 150,000 people; 50,600 people were supported through Multipurpose Cash Transfers (MCT), and 54,680 people were assisted through 20 days of cash-for-work programs. UNICEF restored Primary Health Care (PHC) services at Feni District Hospital immediately after the floods to provide life-saving treatment to critically ill newborns affected by the emergency. Also, UNICEF provided support for the repair of damaged cold chain equipment and restore immunization services through immediate repairs: the Special Care Newborn Unit (SCANU) was repaired, supplies were provided, and capacity was strengthened to manage the high number of Acute Watery Diarrhea (AWD) cases. Water, Sanitation and Hygiene (WASH) supplies — such as jerry cans, hygiene kits, water purification tablets, safe chlorinated water, emergency latrines, etc. — were distributed to ensure access to safe drinking water and sanitation during the floods in five districts under the Eastern Flood Response.

2.2.3 Did CERF improve coordination amongst the humanitarian community?

Yes

The disaster coincided with the transition to a new government and included changes within the Disaster Management Coordination Committee at various levels, which left gaps and challenges in the coordination and management of the disaster response by local governments and sectoral departments. As a result, much of the relief effort was managed by volunteers and students. To support a coherent response, the Office of the Resident Coordinator (RCO) initially deployed a member of its humanitarian team for two weeks. Similarly, UNICEF seconded one of its staff members to the RCO as an area-based inter-cluster coordinator from 3 September to 3 November 2024. In addition, IOM deployed an Information Management Officer from 23 September to 31 October 2024. The District Coordination Focal Point facilitated effective cooperation among humanitarian partners involved in Humanitarian Response Plan (HRP) activities, providing support to District Commissioners and other local government actors. This was achieved by promoting community participation, establishing accountability mechanisms, and supporting district authorities in coordinating efforts through effective communication and information sharing. In this context, CERF support was instrumental in building trust among humanitarian actors and strengthening the coordinated implementation of sectoral interventions. The CERF intervention significantly boosted the humanitarian response and demonstrated that UN agencies and development partners can collaborate effectively in complex emergencies.

2.2.4 Did CERF funds help improve resource mobilization from other sources?

Yes

The government provided 42.2 million taka (approximately USD 355,400) for immediate relief, along with 20,650 metric tons of rice, 15,000 packets of dry food, and other provisions, including food for babies and animals. The CERF was the first injection of funding from the international community to support the response to the Eastern Floods emergency. Subsequently, other donors contributed to the emergency response, including Government of Australia: USD 676,400; BRAC: USD 251,047; CARE Internal Fund: USD 110,000; ECHO: USD 1,221,000; FCDO and Multi-Donor Fund: USD 722,280; Government of Australia (through Islamic Relief): USD 920,656; Red Cross Society of China: USD 100,000; UNDP (TRAC 3 fund): additional contribution from UNDP. These fundings resulted in expanding the interventions in the Chattogram division.

2.2.5 Provide any other examples of added value of this CERF allocation.

Yes

Through the implementation of the CERF, the agencies improved coordination with local actors and volunteers and youth groups were integrated into the response activities which contributed strengthening the resilience of affected communities and support localisation efforts and capacity building. Cluster coordination at the area and district levels was maintained in Feni, Noakhali, Cumilla, and Laxmipur. Additionally, the capacities of local cluster coordinators were strengthened, particularly in relation to the HCTT coordination mechanism, including a clearer understanding of their roles and responsibilities. A sensitization process was also carried out targeting key government officials at both divisional and district levels—particularly the Deputy Commissioners and District Relief and Rehabilitation Officers—on the importance of coordination through the cluster approach, in line with the humanitarian coordination mechanism. Furthermore, CERF contributed to the establishment of a 4W dashboard across all affected districts, which helped identify gaps and reduce duplication in the response. Finally, the timeliness of the response was key as CERF contributed to the first hours of the emergency by providing high-energy biscuits were distributed to 150,000 displaced people stranded by the floods and sheltering in temporary facilities, improvised tents, and embankments

2.3. Quality Programming:

1. Protection
The protection issues, including gender-based violence and protection from sexual exploitation and abuse (PSEA), were comprehensively addressed and mainstreamed across sectors. UNFPA ensured that all its implementing partners (IPs) and their local collaborating partners were trained on PSEA. Designated PSEA focal points were identified, trained, and made accessible to community members, actively participating during distribution activities. These focal points adhered to established protocols for receiving, handling, and following up on SEA-related complaints.
For the health sector, UNICEF established a strong on-the-ground monitoring system through deployed consultants who provided continuous oversight, identified protection risks, and took prompt actions to ensure project integrity and beneficiary safety. In the WASH sector, the Department of Public Health Engineering (DPHE) was oriented on PSEA policies, guidelines, and response mechanisms prior to implementation. This ensured that staff were aware of how to manage SEA concerns confidentially and effectively.
Additionally, during distributions, beneficiaries were informed of their rights, targeting criteria, and available services through clear messaging. WFP engaged with the GBV sub-cluster to coordinate protection efforts and share referral pathways with partners. To reduce GBV risks, WFP implemented safe, gender-responsive distribution measures—such as convenient timing, separate queues, female staff presence, and provision of referral information.

2 Accountability to affected Population
This allocation supported collective AAP mechanisms through multiple, accessible feedback channels such as hotlines, help desks, face-to-face interactions, FGDs, and suggestion boxes. UNFPA's partners, including ActionAid and CWFD, received and addressed feedback on service gaps and additional needs. IEC materials in distributed kits also included key contact information to facilitate complaints and referrals. WFP implemented similar mechanisms, receiving over 800 calls via its hotline, all of which were resolved. UNICEF engaged communities in planning and monitoring, and a bottom-up microplanning approach in health interventions ensured that marginalized voices were heard and integrated into implementation.

3 People with Disabilities
People with disabilities were prioritized throughout strategy implementation. UNFPA reached 145 women and girls with disabilities through door-to-door kit deliveries and support from volunteers to access mobile SRH camps. WFP ensured equitable access by prioritizing households with persons with disabilities, offering home deliveries and alternative collection options. UNICEF adapted WASH infrastructure—such as latrines and water points—with handrails and accessible designs, and improved health facility accessibility through renovations and trained service providers. These efforts ensured inclusive, dignified access to essential services across all sectors.
4. Gender

This allocation was guided by gender analysis and aimed to address inequalities across age and gender groups. UNFPA prioritized women and adolescent girls with limited access to aid, embedding gender equality and GBV prevention in its SRH response. WFP used a rapid gender analysis to target female-headed households, pregnant and breastfeeding women, and adolescent girls, ensuring their active role in decision-making. UNICEF tailored health and WASH services to meet the needs of women, girls, and sexual and gender minorities, using bottom-up planning and creating safe spaces like mothers' assemblies to promote empowerment and equitable access.

5. Cash and Voucher

WFP provided MPC to over 10,000 households and supported an additional 11,000 families through cash-for-work programs. UNFPA supported 2,507 women at heightened risk of GBV with cash for dignity kits and provided cash assistance to 300 pregnant women for institutional deliveries and emergency obstetric care.

2.5 Allocation Overview (US$)	
Total amount required for the humanitarian response	**43,301,182.00**
CERF	**4,000,001.91**
Country-Based Pooled Fund (if applicable)	**0.00**
Other (bilateral/multilateral)	**0.00**
Total funding received for the humanitarian response (by source above)	**4,000,001.91**

2.6 CERF Emergency Funding by Project and Sector/Cluster (US$)			
Agency	Project Code	Sector/Cluster	Amount (US $)
UNFPA	CERF-BGD-24-RR-FPA-33572	Health - Sexual and Reproductive Health	500,001.37
UNICEF	CERF-BGD-24-RR-CEF-33574	Water, Sanitation and Hygiene	1,000,050.36
UNICEF	CERF-BGD-24-RR-CEF-33574	Health	499,950.18
WFP	CERF-BGD-24-RR-WFP-33575	Food Security - Food Assistance	2,000,000.00
Total			4,000,001.91

2.7 Breakdown of CERF Funds by Type of Implementation Modality (US$)		
Partner Type	Budget in US $	Expenditure in US $
National NGO	632,949.00	602,619.51
Others / Government	542,515.00	560,822.33
Total	1,175,464.00	1,163,441.84

2.8 Cash					
CVA Type	Sector/Cluster	Planned People Targeted	People Reached	Total Planned transfer amount (in $US)	Total Amount transferred (in $US)
Multi-purpose cash	Food Security - Food Assistance	51,325	54,580	517,581.00	555,059.00
Conditional cash transfers	Food Security - Food Assistance	54,680	52,000	918,996.00	881,395.00
Sector-specific unconditional cash transfers	Health - Sexual and Reproductive Health	5,800	5,807	98,100.00	98,100.00
Conditional cash transfers	Health - Sexual and Reproductive Health	300	300	8,100.00	8,100.00
Total		112,105	112,687	1,542,777.00	1,542,654.00

3. OPERATIONAL PRIORITIZATION:

3.1 Overview of the Humanitarian Situation:

On August 21, 2024, eleven districts in northeastern and southeastern Bangladesh were severely affected by flash floods caused by prolonged and intense monsoon rains, intensified by an active monsoon, a low-pressure system, and upstream water flow from India. Approximately 5.8 million people in these regions were affected across the 11 districts. The most affected districts included Noakhali, Cumilla, Laxmipur, Feni, Chattogram, Moulvibazar, Rangamati, and Khagrachari.
The Ministry of Disaster Management and Relief (MoDRM) reported that 67 people had died and that around 4,000 evacuation centers had been established, sheltering half a million people. Displacement and overcrowded temporary shelters had increased protection concerns, particularly for women and girls. The flooding of water, sanitation, and hygiene (WASH) facilities in the affected areas had raised serious health and waterborne disease concerns.
More than 7,000 schools had been closed due to the floods, affecting approximately 1,750,000 primary students in the affected districts. Maternal health had remained a priority, with 78,000 pregnant women in the affected areas and 8,500 expected deliveries within a month. Between August 21 and 28, a total of 4,786 cases of illness and injuries were recorded, including Acute Watery Diarrhea (AWD), skin diseases, Acute Respiratory Infections (ARI), injuries, snake bites, eye infections, and other cases. There was a significant shortage of medical supplies, including medicines, vaccines, and equipment needed for emergency care and disease prevention.
The unprecedented floods had profoundly impacted food security and livelihoods. Household-level food stocks had been destroyed along with cooking facilities, making it impossible for both poor and wealthier households to cope without external assistance. As of August 30, the Department of Agricultural Extension (DAE) reported that a total of 296,852 hectares of standing crops had been affected across the 11 districts. The Department of Fisheries (DOF) reported total losses to fisheries estimated at USD 122 million. The area, considered a hub for freshwater fisheries, had been severely affected as most of the farmed fish had escaped during the floods and the enclosures had been damaged.
Water, Sanitation, and Hygiene (WASH) services had been severely impacted in 520 unions of 77 Upazilas across 10 districts. In some sub-districts, 100% of WASH facilities remained underwater. Water sources had also been damaged or destroyed, and many had been contaminated by fecal waste, oil, agricultural chemicals, industrial waste, and other substances. Sanitation facilities had been flooded and were either washed away or damaged, posing a major risk to water quality and health, adding an additional burden to already strained health facilities. According to the Department of Public Health Engineering (DPHE), as of August 27, more than 42,360 latrines had been completely damaged and 121,128 partially damaged.
The situation had been exacerbated by civil unrest that led to the formation of an Interim Government in August 2024. The transition to a new local government had exposed significant gaps in local administration and placed considerable stress on the local government response system. All Upazila chairpersons, as well as some at the union level, had been removed from their offices. At the school level, School Management Committees had been dissolved, raising serious concerns about the management of disaster response by local government committees.
The UN and its humanitarian partners mobilized targeted multi-sectoral emergency activities to support the Government-led flood response and to complement efforts by local actors and civil society organizations (CSOs) in assisting the most vulnerable flood-affected people and communities. The Multi-Hazard Humanitarian Response Plan was updated with a total of USD 134 million to address the four emergencies, including this latest one.

3.2 Operational Use of the CERF Allocation and Results:

The CERF request focused on providing immediate, high-impact, life-saving assistance to the most affected and vulnerable households over a six-month period. The strategic objective of the CERF request was to ensure the timely delivery of prioritized life-saving assistance to 352,0721 People (66,564 women,
64,876 men, 109,740 girls and 110,892 boys) inclusive of PWD, displaced women, the elderly, unaccompanied children, and children at risk of child labor, in the prioritized districts of Feni, Noakhali, Cumilla, Laxmipur; Khagrachari (in the Chittagong Hill Tracts) in the Chattogram Division, and Maulvibazar District in the Sylhet Division. The targeted population corresponded to the most marginalized communities and Female-Headed Households (FHHs).
The prioritized life-saving assistance package consisted of:
(1) emergency food security and cash assistance.
(2) emergency WASH interventions integrated with life-saving health assistance to prevent and control outbreaks of waterborne diseases and reduce public health risks.
(3) health assistance related to sexual and reproductive health (SRH).
A CERF allocation directly contributed to the achievement of the objectives of the Humanitarian Response Plan (HRP), which strategic objectives were:
To provide dignified and accessible humanitarian support to the most vulnerable.
To restore essential services and support livelihoods.
To address immediate protection risks.
Although the last objective was not directly targeted in this proposal, protection and gender mainstreaming were taken into account in the selection of beneficiaries.
The prioritization process also considered the existing coordination mechanisms in the response, namely the role of the Humanitarian Coordination Task Team (HCTT), to ensure coordination and follow-up of the implementation of activities at both central and local levels. Each agency involved had the capacity to implement the project through existing partnerships with national and local agencies. The RCO officially deployed two humanitarian staff in the field to ensure coherence of the response at the district level.

3.3 People Indirectly Reached:

A total of 800,000 people was indirectly benefited. To avoid duplication, this figure pertain to the highest number of indirect beneficiaries corresponds to the World Food Programme (WFP), which estimates that around 200,000 people indirectly benefited through the distribution of cash transfers and high-energy biscuits. This figure rises increases in 600,000 people more when considering the full impact of the "Cash for Work" programme, through which earthen roads were reconstructed, benefiting farmers, landowners, and other users of these routes.
UNICEF, in turn, reports indirect beneficiaries through its community-based health and hygiene promotion activities, which involved community leaders, youth volunteers, and members of the affected communities. These interventions reached approximately 510,000 people.
Finally, UNFPA reports 51,115 indirect beneficiaries, corresponding to the family members of adolescent girls who received menstrual hygiene kits and also benefited from the kit contents.

3.4 People Directly Reached:

The implementation of the CERF Cyclone Eastern projects directly reached a total of 352,072 People (66,564 women, 64,876 men,
109,740 girls and 110,892 boys, inclusive of PWD) through Food assistance, SRH, Health, WASH, multipurpose cash assistance. To exclude significant overlaps and double counting, this total corresponds to the highest total number reached by the Health, FSC and wash sector.
A significant increase is observed, driven by the expansion of health services available to both boys and girls

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

	Planned					Reached				
Sector/Cluster	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total
Food Security - Food Assistance	92,374	55,991	78,516	57,119	284,000	66,564	40,362	56,593	41,161	204,680

Water, Sanitation and Hygiene	61,960	39,020	60,760	38,260	200,000	66,160	41,663	64,876	40,854	213,553
Health	24,000	67,945	0	65,280	157,225	26,651	109,740	0	110,892	247,283
Health - Sexual and Reproductive Health	16,207	5,650	0	50	21,907	35,759	14,043	0	47	49,849
Total	194,541	168,606	139,276	160,709	663,132	195,134	205,808	121,469	192,954	715,365

Table 5: Total Number of People Directly Assisted with CERF Funding by Category

	Planned					Reached				
Category	**Women (≥ 18)**	**Girls (< 18)**	**Men (≥ 18)**	**Boys (< 18)**	**Total**	**Women (≥ 18)**	**Girls (< 18)**	**Men (≥ 18)**	**Boys (< 18)**	**Total**
Host Communities	0	0	0	0	0	0	0	0	0	0
Internally Displaced People	16,207	5,650	0	50	21,907	35,759	14,043	0	47	49,849
Other	92,374	67,945	78,516	65,280	304,115	66,564	109,740	64,876	110,892	352,072
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Total Number of People Directly Assisted with CERF Funding	108,581	73,595	78,516	65,330	326,022	102,323	123,783	64,876	110,939	401,921

Table 6: Total Number of people with disabilities (PwD) out of the total

Category	Planned					Reached				
	Women (≥ 18)	**Girls (< 18)**	**Men (≥ 18)**	**Boys (< 18)**	**Total**	**Women (≥ 18)**	**Girls (< 18)**	**Men (≥ 18)**	**Boys (< 18)**	**Total**
Number of people with disabilities (PwD)	2,540	1,540	2,159	1,571	7,810	2,017	1,504	1,715	1,519	6,755

Sub-IP

Partner Type	$	%
International NGO	0	0
National NGO	$632,949.00	16%
Others / Government	$542,515.00	14%
Private Contractor	0	0
Red Cross/Red Crescent Society	0	0
UN and IOM	0	0

Partner Tags	$	%
WLO	$107,304.00	17%
RLO	$0.00	0%
YLO	$0.00	0%
OPD	$0.00	0%
Total	107,304.00	17 %

Total	1,175,464.00	29 %

4. Annex: CERF Funds Disbursed to Implementing Partners								
Cluster/ Sector	Agency	Implementing Partner Type		Partner Type	Funds Transferred in USD	Date of First Payment to Implementing Partner*	Start Date of CERF-Funded Activities by implementing Partner*	Comments/ Remarks
		Extended Name	Partner Acronym					
CERF Project Code: CERF-BGD-24-RR-CEF-33574								
Health, Water, Sanitation and Hygiene	UNICEF	COMMUNITY DEVELOPMENT CENTRE	CODEC	National Partners	89,458.00	18-Sep-2024	18-Sep-2024	The eastern floods in Feni, Noakhali, Cumilla, Laxmipur and Khagrachari was an unprecedented one and large number of people were affected. Internal procedures were taking time to start the rapid response. Therefore, some amount has been moved to the government partner (DPHE) who delivered service rapidly in a reimbursement modalities. No change has been made in the broader activities.

Water, Sanitation and Hygiene	UNICEF	Department of Public Health and Engineering (DPHE)	DPHE	National Partners	235,360.00	20-Oct-2024	19-Aug-2024	As mentioned below, DPHE agreed to work in a reimbursement modalities to provide rapid response to this unprecedented floods. Therefore, some amount has been moved to the DPHE from NGO partner to provide lifesaving services without any delay. It also helped to immediately starts the services since on boarding process and procedures were causing delay for NGO partner.
Health	UNICEF	Directorate General of Health Services	DGHS	National Partners	307,155.00	27-Oct-2024	25-Aug-2024	DGHS as a longstanding partner of UNICEF, work in a reimbursement modalities to provide rapid response to this unprecedented floods. It also helped to immediately starts the services.

CERF Project Code: CERF-BGD-24-RR-FPA-33572								
Health - Sexual and Reproductive Health	UNFPA	The Centre for Injury Prevention and Research	CIPRB	National Partners	56,105.00	28-Nov-2024	28-Sep-2024	
Health - Sexual and Reproductive Health	UNFPA	Green Hill	Green Hill	National Partners	57,556.00	04-Nov-2024	01-Oct-2024	
Health - Sexual and Reproductive Health	UNFPA	Action Aid Bangladesh	AAB	National Partners	107,304.00	15-Oct-2024	28-Sep-2024	
Health - Sexual and Reproductive Health	UNFPA	Concerned Women for Family Development	CWFD	National Partners	107,305.00	14-Oct-2024	23-Oct-2024	
Health - Sexual and Reproductive Health	UNFPA	Partners in Health and Developmen	PHD	National Partners	121,812.00	22-Dec-2024	28-Sep-2024	
CERF Project Code: CERF-BGD-24-RR-WFP-33575								
Food Security - Food Assistance	WFP	COMMUNITY DEVELOPMENT CENTRE	CODEC	National Partners	41,879.00	24-Oct-2024	28-Aug-2024	
Food Security - Food Assistance	WFP	Young Power in Social Action	YPSA	National Partners	51,530.00	23-Oct-2024	28-Aug-2024	

PART II - PROJECT OVERVIEW

Project Proposal: CERF-BGD-24-RR-FPA-33572	
Allocation Code:	CERF Rapid Response: Bangladesh Sep 2024 (Flood)
Project Code:	CERF-BGD-24-RR-FPA-33572
Emergency Type:	Climate / natural disaster - Flood
Project Sector/Cluster:	Health - Sexual and Reproductive Health
Organization:	United Nations Population Fund (UNFPA)

1. Project Overview	
1.1 Project Title	Addressing sexual and reproductive health and protection needs and risks of eastern flood-affected women, adolescent girls including pregnant women and person with disabilities
1.2 Start Date	27-Sep-2024
1.3 End Date	26-Mar-2025
1.4 Extended End Date	
1.5 Project Duration	6 months

1.6 Project Revision

Revision Name	Revision Project	Date Revision Submitted	Date Revision Approved	Revision Status

1.7 Funding Summary	
1.7.1 Total Funds Required for Organization's Response	4,922,662.00
1.7.2 Funds Received for Organization's Response	237,861.00
1.7.3 Total Funds Requested from CERF for this Proposal	500,001.37

1.8 Project Results Summary	Through its integrated Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) response, UNFPA reached a total of 49,849 women, adolescent girls, pregnant and lactating women, and persons with disabilities in Feni, Khagrachari and Noakhali with life-saving services and information. A total of 30 midwives were deployed at 15 union-level health facilities, providing maternal and SRH services to 14,945 individuals. The facilities were supported with essential logistics, supplies, and technical mentoring by three clinical doctors to ensure service quality and effective referral pathways. 43 mobile SRH camps were organized in three districts, reaching 4,633 individuals with antenatal care (ANC), postnatal care (PNC), general health services, family planning, and GBV services. Six mental health and psychosocial support (MHPSS) counselors/GBV case workers were deployed to selected health facilities and mobile camps, delivering psychosocial support and safe referral services to 2,203 women and girls. Cash support for institutional delivery and emergency obstetric care was provided to 300 pregnant women, while 1,907 baby kits were distributed to support maternal and newborn health. To uphold dignity and hygiene, 2,507 dignity kits were distributed among flood-affected pregnant and lactating women, and 3,000 menstrual hygiene kits were provided to adolescent girls, including those with disabilities. Life-saving information on adolescent/sexual reproductive health rights (A/SRHR), sexually transmitted infections, and safe GBV referrals was disseminated through outreach activities, reaching 6,196 individuals. Community-based sensitization and engagement efforts were led by trained volunteers and youth groups. This integrated response contributed to addressing critical protection and health needs, reducing risks such as maternal mortality, GBV, and child marriage, and strengthening the resilience of affected communities.
1.9 Changes And Amendments	

2. Project Objective

2.1 Project Objective

To address the sexual and reproductive health, and protection needs of women, adolescent girls including pregnant women, and persons with disabilities affected by eastern flood-affected districts

Logical Framework

Logical Framework details for Health - Sexual and Reproductive Health

3. Outcomes and outputs

Outcome 1

Women and adolescent girls, including pregnant women, persons with disabilities, gender-diverse population, and GBV survivors, have access to life-saving quality integrated SRH-GBV services in the eastern flood-affected areas of Bangladesh.

Comment on progress in achieving project outcome :

More than 49,000 people have received lifesaving services and supplies through the minimum initial service package (MISP) roll-out following the disaster. This eventually contributes to the reduction of maternal mortality and improved maternal health indicators. The gender focused services also directly contribute to reducing discrimination and GBV risks.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 1.1(Custom)				
Number of population having access to integrated SRH-GBV services Unit: Individuals	21,907	Women: 0 Girls: 0 Men: 0 Boys: 0	49,849	Women: 0 Girls: 0 Men: 0 Boys: 0

Reporting on Achievements:

Reached more people than the actual targeted number

Output 1.1

Description

Minimum initial service package (MISP) initiated for affected women of reproductive age, pregnant women and adolescent girls to ensure their sexual and reproductive health needs including safe birth, reducing maternal mortality and sexually transmitted infections and diseases (STI/Ds).

Comment on progress in achieving project output :

Minimum initial service package (MISP) roll out included integrated SRH-GBV services and provision of emergency supplies to the flood-affected population. 16 union-level health facilities equipped with emergency supplies and deployed midwives to provide safe maternal health services to more than 19,000 pregnant women and girls. 3000 adolescent girls were provided with supplies of safe menstrual health management, and 2507 women at heightened risks of gender based violence were supported with cash for dignity kits. Due to high local demand, more people accessed services through the mobile health camps and from midwives deployed at union-level health facilities, surpassing the estimated targets. As a result, UNFPA was able to reach a larger number of people than originally anticipated.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	**Type**	**Indicator**	End-Cycle Beneficiaries			
Indicator 1.1.1	Standard	(Global) H.7 - Number of functional health facilities supported **Unit:** Facilities	15	Women:0 Men:0 Girls:0 Boys:0	16	Women:0 Men:0 Girls:0 Boys:0

Comments on Reached:

Indicator 1.1.2	Standard	(Global) SP.5 - Number of people receiving GBV and/or SRH medical assistance **Unit:** People	10,000	Women: 7500 Men:0 Girls:2500 Boys:0	19,578	Women: 14684 Men:0 Girls: 4894 Boys:0
Comments on Reached: reached more women and girls than the actual target because of the local demand for these services.						
Indicator 1.1.3	Standard	(Global) SP.1b - Number of people receiving menstrual hygiene management kits and/or dignity kits **Unit:** People	3,000	Women:0 Men:0 Girls:3000 Boys:0	3,000	Women:0 Men:0 Girls: 3000 Boys:0
Comments on Reached:						
Indicator 1.1.4	Custom	Number of women with newborns receiving Baby kits **Unit:** Individuals	1,907	Women: 1907 Men:0 Girls:0 Boys:0	1,907	Women: 1907 Men:0 Girls:0 Boys:0
Comments on Reached:						
Indicator 1.1.5	Custom	Number of adolescent girls receiving life-saving information through sessions on A/SRHR, and GBV in emergency **Unit:** Individuals	200	Women:0 Men:0 Girls:200 Boys:0	211	Women:0 Men:0 Girls:211 Boys:0
Comments on Reached:						
Indicator 1.1.6	Custom	Number of women receiving life-saving information through sessions on SRH services, psychological first aid (PFA), gender-based violence (GBV) core concepts, crisis counseling, and safe referrals **Unit:** Individuals	4,000	Women: 4000 Men:0 Girls:0 Boys:0	6,148	Women: 6148 Men:0 Girls:0 Boys:0
Comments on Reached: reached more women and girls than the actual target because of the local demand of these services.						
Indicator 1.1.7	Standard	(Global) SP.1a - Number of menstrual hygiene management kits and/or dignity kits distributed **Unit:** Kits	3,000	Women:0 Men:0 Girls:0 Boys:0	3,000	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached:						
Indicator 1.1.8	Standard	(CASH) Number of people receiving Sector-specific unconditional cash transfers **Unit:** People	3,300	Women:300 Men:0 Girls:3000 Boys:0	3,300	Women: 300 Men:0 Girls: 3000 Boys:0
Comments on Reached:						
Indicator 1.1.9	Standard	(CASH) Total value of Sector-specific unconditional cash transfers distributed in USD **Unit:** Dollars	23,100	Women:0 Men:0 Girls:0 Boys:0	23,100	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached:						

Indicator 1.1.10	Standard	(CASH) Number of people receiving Sector-specific unconditional cash transfers **Unit:** People	2,500	Women: 2500 Men:0 Girls:0 Boys:0	2,507	Women: 2507 Men:0 Girls:0 Boys:0
Comments on Reached:						
Indicator 1.1.11	Standard	(CASH) Total value of Sector-specific unconditional cash transfers distributed in USD **Unit:** Dollars	75,000	Women:0 Men:0 Girls:0 Boys:0	75,000	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached:						
Indicator 1.1.12	Standard	(CASH) Number of people receiving Conditional cash transfers **Unit:** People	300	Women:0 Men:0 Girls:0 Boys:0	300	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached:						
Indicator 1.1.13	Standard	(CASH) Total value of Conditional cash transfers distributed in USD **Unit:** Dollars	8,100	Women:0 Men:0 Girls:0 Boys:0	8,100	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached:						

5. People Targeted

5. People Directly Reached

PROJECT DETAIL

Categories		Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Internally Displaced People	Targeted	16,207	5,650	0	50	21,907
Internally Displaced People	Reached	35,759	14,043	0	47	49,849
Refugees	Targeted	0	0	0	0	0
Refugees	Reached	0	0	0	0	0
Returnees	Targeted	0	0	0	0	0
Returnees	Reached	0	0	0	0	0
Host Communities	Targeted	0	0	0	0	0
Host Communities	Reached	0	0	0	0	0
Other	Targeted	0	0	0	0	0
Other	Reached	0	0	0	0	0
Total People directly Targeted						
	Targeted	16,207	5,650	0	50	21,907
	Percentage of Female 100 %		Percentage of Male 0 %		Percentage of Child 26 %	
	Reached	35,759	14,043	0	47	49,849
	Percentage of Female 100 %		Percentage of Male 0 %		Percentage of Child 28 %	
Persons with disabilities						
	Targeted	0	180	0	0	180

	Reached	0	145	0	0	145
	Percentage of PWD against Total Targeted 0%					

Directly Targeted by Sector/Cluster

Cluster	Category	Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Health - Sexual and Reproductive Health	Internally Displaced People - Targeted	16,207	5,650	0	50	21,907
	Internally Displaced People - Reached	35,759	14,043	0	47	49,849
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	0	0	0	0	0
	Returnees - Reached	0	0	0	0	0
	Host Communities - Targeted	0	0	0	0	0
	Host Communities - Reached	0	0	0	0	0
	Other - Targeted	0	0	0	0	0
	Other - Reached	0	0	0	0	0
	Total People directly Targeted					
	Targeted	16,207	5,650	0	50	21,907
	Percentage of Female 100 %		Percentage of Male 0 %		Percentage of Child 26 %	
	Reached	35,759	14,043	0	47	49,849
	Percentage of Female 100 %		Percentage of Male 0 %		Percentage of Child 28 %	
	Persons with Disabilities					
	Targeted	0	180	0	0	180
	Reached	0	145	0	0	145
	Percentage of PWD against Project Total **0%**					

5.1 Comments for People Targeted *

A total 49,849 women and girls, including pregnant women, persons with disabilities.

Within this reach, a total of 145 women and girls with disabilities were reached through MHM kit and cash for dignity kit support. And 35 transwomen were reached with Cash for dignity kits.

6. People Indirectly Reached

6.1 Estimate on people indirectly reached

Targeted	41,407	**Reached**	51,115

6.2 People indirectly reached by the project

For most of the activities, the direct beneficiaries' family members are counted as indirect beneficiaries. For example, an adolescent girl receiving MHM kits will have her family members benefit from the contents of the kits.

7. Locations						
	Targeted			Reached		
People per Sector	Health - Sexual and Reproductive Health					
Chittagong	100	%	21,907	100	%	49,849
	100	%	21,907	100	%	49,849
Comments on People Reached						
Comments on Budget						

	Targeted			Reached		
Budget per Sector	Health - Sexual and Reproductive Health					
Chittagong	100	%	500,001.37	100	%	500,001.37
	100	%	500,001.37	100	%	500,001.37

Programming and Implementation
8. Effective Programming
8.1 Effective programming *

Localization, protection mainstreaming and protection from GBV: UNFPA implemented integrated SRH-GBV response through five national implementing partners (IPs), including two which are women led organizations. Some of the UNFPA IPs - AAB and CWFD had collaborated with local organizations to implement activities related to addressing GBV, and also to ensure transfer of knowledge and capacity for continued support in GBV risk mitigation. All UNFPA IPs and collaborating partners were also active members in respective area-based GBV and SRH in emergency coordination groups, where they have regularly reported on progress, gaps and challenges.

Protection from sexual exploitation and abuse (PSEA): All of UNFPA's IPs and respective local collaborating partners were trained on PSEA. The trained and designated PSEA focal points ensured their contacts are accessible to the community people and have been present during the distribution. UNFPA IPs and collaborating partners adhered to existing policies to receive and handle complaints related to sexual exploitation and abuse (SEA) with confidentiality and ensure follow-up.

Accountability to affected population (AAP): To strengthen Accountability to Affected Populations (AAP), UNFPA supported community feedback and complaints mechanisms through its three thematic implementing partners. Multiple channels were used to collect feedback, including a Complaint and Feedback Response Mechanism (CFRM) Hotline, Help Desks, face-to-face interviews, focus group discussions, direct phone calls, and suggestion boxes, ensuring accessibility and anonymity across all distribution sites. For instance, ActionAid collected and addressed 892 feedback entries through these channels, resolving common issues such as additional requests for cash, further support, and inclusion in future distributions. CWFD, in Noakhali alone, received 87 requests for more sanitary napkins and 187 for hot water bags from MHM kit recipients. In parallel, SRH and GBV awareness sessions were conducted for women and adolescent girls, and distributed kits included relevant IEC materials covering key referral points and contact details of focal persons to facilitate feedback and complaints. To further strengthen AAP, PSEA focal points were designated in all districts, with their contact information visibly displayed at relevant sites.

Gender equality: Gender perspectives of equality, inequity, discrimination, and transformation are embedded in UNFPA's integrated SRH and GBV response. Women and adolescent girls who has limited access to humanitarian aid and whose needs are not prioritized were the primary target of UNFPA's response.

Disability inclusion: A total of 145 women and girls with disabilities were reached with the MHM kit (51 adolescent girls) and cash for dignity kit (92 women) response. For women and girls with disabilities kits were delivered at their doors, while some of them were supported through volunteers to come to distribution points and/or at the mobile SRH camps.

8.2 Protection Budget Value and People Reached

Sector Name	Sector Budget		Protection Budget Percent	Protection Budget Value	Protection People Targeted
Health - Sexual and Reproductive Health	500,001.37	Targeted	100.00	500,001.37	21,907
		Reached	100.00	500,001.37	49,849

8.3. Comment on the Protection Budget Value

UNFPA's integrated SRH-GBV response attributes to 100 percent protection value.

The activities such as community outreach, community volunteer orientation empowered and assisted affected women and girls to claim rights in critical life-saving services beyond health and protection. In mobile SRH camps and distribution of lifesaving kits (MHM, Dignity and Baby kits) dignity, well-being and safety of beneficiaries were prioritized and ensured through various means such as persons with disabilities are prioritized in providing services, keeping separate resting place for pregnant women arriving at the distribution points or mobile SRH camps. Monitoring reports reveal UNFPA followed the national GBV cluster guidelines for distribution of Dignity Kits.

The activities such as deployment of MHPSS counsellors and PSS activities accounts for protection of more than 49,000 affected population who benefitted from the response. These services were also provided through government facilities in collaboration with the Department of Women Affairs (DWA), facilitated by community-based trained MPHSS counsellors.

8.4 Protection from GBV Budget Value and People Reached

Sector Name	Sector Budget		GBV Budget Percent	GBV Budget Value	GBV People Targeted
Health - Sexual and Reproductive Health	500,001.37	Targeted	21.00	105,000.29	6,500
		Reached	21.00	105,000.29	8,655

8.5. Comment on the Protection from GBV Budget Value

With the GBV budget value of more than 21 percent (US$ 108,576) UNFPA reached 8,655 women at heightened risks of gender-based violence, with cash for dignity kits, GBV referral information and GBV awareness through outreach. In addition, 6 mental health and psychosocial (MHPSS) counsellors provided counselling services to affected women in the areas.

8.6. Gender Equality Budget Value and People Reached

Sector Name	Sector Budget		Gender Equality Budget Percent	Gender Equality Budget Value	Gender Equality People Targeted
Health - Sexual and Reproductive Health	500,001.37	Targeted	100.00	500,001.37	21,907
		Reached	100.00	500,001.37	49,849

8.7. Comment on the Gender Equality Budget Value

100 percent of UNFPA's response attributes to gender equality budget value. Gender perspectives of equality, inequity, discrimination, and transformation are embedded in UNFPA's integrated SRH and GBV response.

8.8. Disability Budget Value and People Reached

Sector Name	Sector Budget		Persons with Disabilities Budget Percentage	Persons with Disabilities Budget Value
Health - Sexual and Reproductive Health	500,001.37	Targeted	2.00	10,000.03
		Reached	2.00	10,000.03

8.9. Comment on Disability Budget Value and People Reached

A total of 145 women and girls with disabilities were reached with the MHM kit (51 adolescent girls) and cash for dignity kit (92 women) response. The budget value of reach is less than 1 percent around US$ 3800.

9. Funding										
Total CERF funds sub-granted to implementing partners:									**450,082.00**	
International NGO									0.00	0 %
National NGO									450,082.00	90 %
	WLO		RLO		YLO		OPD			
	107,304.00	24 %	0.00	0 %	0.00	0 %	0.00	0 %		
Others / Government									0.00	0 %
Private Contractor									0.00	0 %
Red Cross/Red Crescent Society									0.00	0 %
UN and IOM									0.00	0 %

10. Sub-Implementing Partners

Partner Name	Partner Type	Budget in US $	Expenditure in US $ 1st Financial Report	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities	Activities	Comment (mandatory if 15% variance)
Green Hill	National NGO	57,556	54,534	04-Nov-2024	01-Oct-2024	**Health - Sexual and Reproductive Health Activity 1.1.1** Ensure essential logistics and supplies in 15 union-level health facilities are provided to facilita... , **Activity 1.1.2** 30 midwives will be deployed in the 15 union-level health facilities to strengthen sexual and reprod... , **Activity 1.1.4** 1,907 baby kits will be distributed among flood-affected pregnant women seeking services at the unio... , **Activity 1.1.5** 300 pregnant women will receive cash for SRH and referral for institutional delivery and management ...	

Concerned Women for Family Development	National NGO	107,305	106,612	14-Oct-2024	23-Oct-2024	**Health - Sexual and Reproductive Health Activity 1.1.3** 3,000 Menstrual health management (MHM) kits will be distributed among adolescent girls (10-19 year... , **Activity 1.1.6** life-saving information will be disseminated to adolescents and young people regarding adolescent se...	
Action Aid Bangladesh	National NGO	107,304	108,229	15-Oct-2024	28-Sep-2024	**Health - Sexual and Reproductive Health Activity 1.1.7** 2,500 pregnant and lactating women will be supported with unconditional and unrestricted cash for di... , **Activity 1.1.8** Deployment of 6 roving mental health and psychosocial support (MHPSS) counselors/ GBV case workers i... , **Activity 1.1.9** 4,000 women will be reached by Gender promoters, and community female volunteers through outreach in...	

The Centre for Injury Prevention and Research	National NGO	56,105	55,102	28-Nov-2024	28-Sep-2024	**Health - Sexual and Reproductive Health Activity 1.1.1** Ensure essential logistics and supplies in 15 union-level health facilities are provided to facilita... , **Activity 1.1.2** 30 midwives will be deployed in the 15 union-level health facilities to strengthen sexual and reprod... , **Activity 1.1.4** 1,907 baby kits will be distributed among flood-affected pregnant women seeking services at the unio... , **Activity 1.1.5** 300 pregnant women will receive cash for SRH and referral for institutional delivery and management ...	
Partners in Health and Developmen	National NGO	121,812	118,882	22-Dec-2024	28-Sep-2024	**Health - Sexual and Reproductive Health Activity 1.1.1** Ensure essential logistics and supplies in 15 union-level health facilities are provided to facilita... , **Activity 1.1.2** 30 midwives will be deployed in the 15 union-level health facilities to strengthen sexual and reprod... , **Activity 1.1.4** 1,907 baby kits will be distributed among flood-affected pregnant women seeking services at the unio... , **Activity 1.1.5** 300 pregnant women will receive cash for SRH and referral for institutional delivery and management ...	

Total	450,082.00	443,361.26	
Latest Financial Report Expenditure		0.00	
Comment: Briefly describe the reason for invalid date inputs			

11. Cash and Voucher Assistance (CVA)

11.1 Cash

CVA Type	Cluster/Sector	Planned People Targeted	People Reached	Total planned transfer amount	Total amount transferred info
Sector-specific unconditional cash transfers	Health - Sexual and Reproductive Health	3,300	3,300	23,100.00	23,100.00
Sector-specific unconditional cash transfers	Health - Sexual and Reproductive Health	2,500	2,507	75,000.00	75,000.00
Conditional cash transfers	Health - Sexual and Reproductive Health	300	300	8,100.00	8,100.00
11.2 CVA Total People Reached		**Targeted**	**5,800**	**Reached**	**5,807**

11.3 Comments on the Reached people" (mandatory if variance is more than 15%)

Project Proposal: CERF-BGD-24-RR-CEF-33574	
Allocation Code:	CERF Rapid Response: Bangladesh Sep 2024 (Flood)
Project Code:	CERF-BGD-24-RR-CEF-33574
Emergency Type:	Climate / natural disaster - Flood
Project Sector/Cluster:	Health Water Sanitation and Hygiene
Organization:	United Nations Children's Fund (UNICEF)

1. Project Overview	
1.1 Project Title	Provision of integrated WASH and Health high-impact interventions for vulnerable women and children in 7 Districts impacted by flash floods in Bangladesh
1.2 Start Date	17-Aug-2024
1.3 End Date	16-Feb-2025
1.4 Extended End Date	
1.5 Project Duration	6 months

1.6 Project Revision

Revision Name	Revision Project	Date Revision Submitted	Date Revision Approved	Revision Status

1.7 Funding Summary	
1.7.1 Total Funds Required for Organization's Response	9,625,000.00
1.7.2 Funds Received for Organization's Response	500,000.00
1.7.3 Total Funds Requested from CERF for this Proposal	1,500,000.54

1.8 Project Results Summary	UNICEF Bangladesh, in close collaboration with its partners, distributed 200,000 water purification tablets, 120,000 jerrycans, and 8,000 hygiene kits to the affected people. During the response, 215 semi-pucca twin-pit latrines with raised basements were constructed in Feni, Noakhali, Cumilla, Lakshmipur, and Khagrachari. These climate-resilient facilities are serving 645 households. 12 climate-resilient, solar-powered community piped water systems were also constructed along with raised platforms for 50 deep tubewells installed in the communal facilities, 200 existing tubewells were repaired and 1,023 tubewells were disinfected to prevent disease outbreaks. Furthermore, 160 existing latrines were repaired, and 15 school WASH facilities were upgraded. A total of 1,052 hygiene sessions were conducted in the project area reached 213,553 vulnerable individuals, ensuring access to safe drinking water, sanitation, and hygiene services. Since August 2024, A total of 247,283 women and children (including 26,651 pregnant women and 220,632 children under 5 years) accessed primary health care in UNICEF supported areas. During response phase immediate support with logistics, medicines, AWD treatment, transport support, cleaning of health facilities are provided. Another support was the continuation of EPI vaccination with immediate repair of damaged cold chain equipment, line listing dropout children due to flood and vaccinating those children. For recovery phase, Reaching Every Mother and Newborn (REMN) and Integrated Management of Childhood Illness (IMCI) were continued. REMN aims to ensure quality antenatal care (ANC), institutional delivery, essential newborn care (ENC) and postnatal care (PNC), initial stabilisation, timely referral for maternal and newborn complication management and follow-up at the primary health care level.
1.9 Changes And Amendments	

2. Project Objective

2.1 Project Objective

UNICEF aims to reduce morbidity and mortality among flood-affected populations in 7 districts of Chattogram and Sylhet divisions by delivering essential WASH and Health interventions. Over six months, the project will address critical health, water, sanitation, and hygiene needs, focusing on vulnerable women and children. UNICEF will provide lifesaving supplies, medicines, healthcare, and rehabilitate water and sanitation facilities, ensuring access to clean water and promoting handwashing.

Logical Framework

Logical Framework details for Water, Sanitation and Hygiene

3. Outcomes and outputs

Outcome 1

200,000 most vulnerable flood-affected households in eastern Bangladesh access urgent and quick-impact life-saving safe water, sanitation and hygiene (WASH) services.

Comment on progress in achieving project outcome :

From the onset of the flooding, DPHE and UNICEF swiftly provided life-saving WASH services—including safe drinking water, purification tablets, hygiene kits, and temporary latrines—ensuring immediate access to clean water, improved sanitation, and hygiene for 213,553 vulnerable flood-affected people; as part of the rapid response and linking this to Humanitarian to Development efforts, women and children in the targeted people were further supported through the construction of climate-resilient community piped water networks, deep tubewells with raised platforms, and semi-pucca twin-pit latrines, significantly enhancing safe water access and sanitation services.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 1.1(Custom)				
Number of people accessing basic wash services as per agreed sector standard Unit: Individuals	200,000	Women: 60760 Girls: 61960 Men: 38260 Boys: 39020	213,553	Women: 65140 Girls: 45267 Men: 56730 Boys: 46416

Reporting on Achievements:

The national average from the latest census is used to get the segregation data about the gender.

Output 1.1

Description

Vulnerable flood-affected households provided with safe drinking water from restored/constructed water points, tube wells, piped water networks

Comment on progress in achieving project output :

The following water -related interventions have significantly reduced public health risks in flood-affected areas, especially for children, by restoring and protecting access to safe water. · 12 climate-resilient, solar-powered community piped water systems were constructed or rehabilitated across five flood-affected districts (Cumilla, Feni, Noakhali, Lakshmipur, and Khagrachari), each serving 60–80 households. These systems ensure reliable access to clean water, promote green energy, and reduce long-term operation and maintenance costs. · 50 deep tubewells with raised platforms were installed as communal facilities, each serving 10–15 households. The elevated design protects the water points from future flooding and ensures continuous access to safe water for children and families. · 200 existing tubewells were repaired and upgraded with raised platforms in newly flood-exposed communities. These serve as demonstration sites to encourage wider replication of flood-resilient water solutions. · Tubewell platforms were repaired and rehabilitated through this intervention, 6,676 people, including a significant number of children, now have safe access to water from 103 functioning tubewells. · 1,023 tubewells were disinfected to ensure microbiological safety and prevent disease outbreaks. During the process, minor repairs were made (e.g., replacing washers, leathers, and nuts), and additional damaged sites were identified for rehabilitation in partnership with CODEC.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.1.1	Standard	(Global) WS.6 - Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard **Unit:** People	64,500	Women: 19982 Men:19595 Girls:12584 Boys:12339	66,185	Women: 20494 Men: 17847 Girls: 14241 Boys: 13603

Comments on Reached:

Output 1.2

Description

Vulnerable flood-affected households benefiting from functional latrines built to approved standards

Comment on progress in achieving project output :

· 215 semi-pucca twin-pit latrines with raised basements were constructed in Feni, Noakhali, Cumilla, Lakshmipur, and Khagrachari. These climate-resilient facilities are serving 645 households and are designed to withstand future flooding, ensuring continued sanitation access. · 160 existing latrines were repaired, helping reduce open defecation and related health risks. · WASH block conditions were assessed in government primary and secondary schools to plan necessary repairs. As a result, 15 school WASH facilities were upgraded to create access to safe sanitation, clean water, MHM corner and hygiene facilities for student–contributing to improved child health, dignity, and school attendance.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.2.1	Custom	(Global) WS.13 - Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated **Unit:** Individuals	6,975	Women: 2161 Men:2119 Girls:1361 Boys:1334	11,270	Women: 3438 Men:2994 Girls: 2389 Boys: 2449

Comments on Reached: During the floods, the number of users are higher for the communal sanitation facilities.

Output 1.3

Description

200,000 affected people reached with hygiene promotion activities through awareness on handwashing with soap, menstrual hygiene management and water safety plan sessions and message dissemination through different mediums.

Comment on progress in achieving project output :

· Mass awareness campaigns were launched through miking and widespread leaflet distribution to aware communities on the proper use of water purification tablets and to convey key hygiene messages in affected districts at different marketplace, roads, mosques. - A total of 1,052 hygiene sessions were conducted in the project area, exceeding the initial target of 1,000 sessions. These included 666 combined group sessions, 234 menstrual hygiene management (MHM) sessions for adolescent and adult women, and 152 sessions specifically for children. During the sessions, eight key hygiene messages were shared. As a result, the messages are being further disseminated by participants to their families, friends, and neighbors, ultimately benefiting an estimated 213,553 people.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.3.1	Standard	(Global) WS.17 - Number of people receiving WASH/hygiene messaging **Unit:** People	200,000	Women: 61960 Men:60760 Girls:39020 Boys:38260	213,553	Women: 65140 Men: 56730 Girls: 45267 Boys: 46416
Comments on Reached: The national average from the latest census is used to get the segregation data about the gender.						
Output 1.4						
Description						
54,000 people will be benefitting with critical WASH supplies (e.g. WASH/hygiene kits/jerrycans)						
Comment on progress in achieving project output :						
· 200,000 water purification tablets were distributed in the most hard-to-reach areas to ensure access to safe drinking water and prevent waterborne diseases, especially among children, when traditional sources were submerged. · 120,000 jerry cans were distributed to support safe water collection and storage during the emergency, reducing the risk of secondary contamination at the household level. · 8,000 vulnerable families received hygiene kits containing essential items such as soap, mugs, reusable sanitary cloths, sandals, toothpaste, toothbrushes, and other necessities to support basic hygiene practices and reduce public health risks among flood-affected communities.						
4. Indicators						
			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.4.1	Standard	(Global) WS.16a - Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits) **Unit:** People	54,000	Women: 16729 Men:16405 Girls:10536 Boys:10330	60,000	Women: 18588 Men: 18228 Girls: 11478 Boys: 11706
Comments on Reached: The national average from the latest census is used to get the segregation data about the gender.						

Logical Framework details for Health

3. Outcomes and outputs

Outcome 1

157,225 children and pregnant women reached with rapid life-saving health interventions through the primary health care services including quality ANC, safe delivery, PNC and IMNCI services in the 7 flood-affected districts.

Comment on progress in achieving project outcome :

UNICEF's health intervention efforts achieved the targeted beneficiaries successfully and 247,283 children and pregnant women reached with rapid life-saving health interventions through the primary health care services including quality ANC, safe delivery, PNC and IMNCI services in the flood-affected districts. Out of which, total of 26,651 pregnant women received antenatal care (ANC), 229,632 children benefited from integrated management of childhood illness (IMCI) services. Among them, 109,740 were girls.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 1.1(Custom)				
Number of under 1-year children received pentavalent 3 vaccine. Unit: Children	22,898	Women: 0 Girls: 11678 Men: 0 Boys: 11220	59,547	Women: 0 Girls: 29576 Men: 0 Boys: 29971

Reporting on Achievements:

Due to the nature of the disaster and geographical coverage, the achievement is higher than the target.

Outcome Indicator 1.2(Custom)				
# of under 5 years children and women accessing primary healthcare in UNICEF supported facilities Unit: Individuals	157,225	Women: 24000 Girls: 65280 Men: 0 Boys: 67945	247,283	Women: 26651 Girls: 109740 Men: 0 Boys: 110892

Reporting on Achievements:

Due to the nature of the disaster and geographical coverage, the achievement is higher than the target.

Output 1.1

Description

157,225 pregnant women and children reached with quality ANC, safe delivery, PNC and Integrated Management of Childhood Illnesses services.

Comment on progress in achieving project output :

247,283 pregnant women and children reached with quality ANC, safe delivery, PNC and Integrated Management of Childhood Illnesses services.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	**Type**	**Indicator**	**End-Cycle Beneficiaries**			
Indicator 1.1.1	Custom	Number of children under 5 years who received Integrated Management of Childhood Illnesses **Unit:** Individuals	133,225	Women: 65280 Men:0 Girls:0 Boys:67945	161,085	Women: 81316 Men:0 Girls:0 Boys: 79769
Comments on Reached: Due to the nature of the disaster and geographic coverage, the achievement is higher than the target						
Indicator 1.1.2	Standard	(Global) H.11 - Number of people receiving treatment for acute watery diarrhea (incl. cholera) **Unit:** People	18,000	Women: 3000 Men:3000 Girls:6000 Boys:6000	18,000	Women: 3000 Men:3000 Girls: 6000 Boys: 6000
Comments on Reached: 18,000 people reached with the funding support from CERF						
Indicator 1.1.3	Standard	(Global) H.4 - Number of people vaccinated **Unit:** People	44,398	Women: 21500 Men:0 Girls:10000 Boys:12898	86,198	Women: 26651 Men:0 Girls: 29576 Boys: 29971
Comments on Reached: Due to the nature of the disaster and geographical coverage, achievement is higher than the targets.						
Indicator 1.1.4	Standard	(Global) RH.1 - Number of births attended by skilled health personnel **Unit:** Births	2,500	Women:0 Men:0 Girls:0 Boys:0	7,082	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: Due to the nature of disaster and geographical coverage, the achievement is higher than the target.						

5. People Targeted

5. People Directly Reached

PROJECT DETAIL

Categories		Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Internally Displaced People	Targeted	0	0	0	0	0
Internally Displaced People	Reached	0	0	0	0	0
Refugees	Targeted	0	0	0	0	0
Refugees	Reached	0	0	0	0	0
Returnees	Targeted	0	0	0	0	0
Returnees	Reached	0	0	0	0	0
Host Communities	Targeted	0	0	0	0	0
Host Communities	Reached	0	0	0	0	0
Other	Targeted	61,960	67,945	60,760	65,280	255,945

Other	Reached	66,160	109,740	64,876	110,892	351,668
Total People directly Targeted						
	Targeted	61,960	67,945	60,760	65,280	255,945
	Percentage of Female 51 %		Percentage of Male 49 %		Percentage of Child 52 %	
	Reached	66,160	109,740	64,876	110,892	351,668
	Percentage of Female 50 %		Percentage of Male 50 %		Percentage of Child 63 %	

Persons with disabilities						
	Targeted	849	1,902	832	1,828	5,411
	Reached	906	1,504	889	1,519	4,818
	Percentage of PWD against Total Targeted 1%					

Directly Targeted by Sector/Cluster

Cluster	Category	Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Health	Internally Displaced People - Targeted	0	0	0	0	0
	Internally Displaced People - Reached	0	0	0	0	0
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	0	0	0	0	0
	Returnees - Reached	0	0	0	0	0
	Host Communities - Targeted	0	0	0	0	0
	Host Communities - Reached	0	0	0	0	0
	Other - Targeted	24,000	67,945	0	65,280	157,225
	Other - Reached	26,651	109,740	0	110,892	247,283
	Total People directly Targeted					
	Targeted	24,000	67,945	0	65,280	157,225
	Percentage of Female 58 %		Percentage of Male 42 %		Percentage of Child 85 %	
	Reached	26,651	109,740	0	110,892	247,283
	Percentage of Female 55 %		Percentage of Male 45 %		Percentage of Child 89 %	
	Persons with Disabilities					
	Targeted	672	1902	0	1828	4402
	Reached	365	1,504	0	1519	3,388
	Percentage of PWD against Project Total 1%					

Water, Sanitation and Hygiene	Internally Displaced People - Targeted	0	0	0	0	0
	Internally Displaced People - Reached	0	0	0	0	0
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	0	0	0	0	0
	Returnees - Reached	0	0	0	0	0
	Host Communities - Targeted	0	0	0	0	0
	Host Communities - Reached	0	0	0	0	0
	Other - Targeted	61,960	39,020	60,760	38,260	200,000
	Other - Reached	66,160	41,663	64,876	40,854	213,553
	Total People directly Targeted					
	Targeted	61,960	39,020	60,760	38,260	200,000
	Percentage of Female 50 %		Percentage of Male 50 %		Percentage of Child 39 %	
	Reached	66,160	41,663	64,876	40,854	213,553
	Percentage of Female 50 %		Percentage of Male 50 %		Percentage of Child 39 %	
	Persons with Disabilities					
	Targeted	849	535	832	524	2740
	Reached	906	571	889	560	2,926
	Percentage of PWD against Project Total 1%					

5.1 Comments for People Targeted *

There is an error for calculating person with disability (PwD) target for health interventions. Revised target would be 2,154 (Women - 329, Girls - 931, Boy-894) instead of 4,402. We mistakenly applied previous national average for PwD for Health interventions which was 2.8%. Current national average for PwD is 1.37%. Therefore, it's require revision in the projected target of PwD for health interventions. We provided the achievement against the proposed revision of the PwD target for health interventions. The proposed changes for PwD target for health interventions will also impact the total project target for PwD and it will be 3,620 (Women - 906, Girls - 931 , Men -889 , Boy- 894) instead of 5,411.

The total reach is higher than the target due to the nature of the unprecedented disaster in the targeted locations, more people than expected avail the health services. The health interventions data came from the DHIS2 dashboard of DGHS.

6. People Indirectly Reached

6.1 Estimate on people indirectly reached

Targeted	460,000	**Reached**	510,000

6.2 People indirectly reached by the project

Approximately 510,000 people indirectly benefited from the project interventions through different community centric interventions but not limited to health and hygiene promotion activities and water point utilization in public places. The health and hygiene promotion activities include community engagement and dissemination activities such as miking, utilizing religious leaders, and youth leaders from the affected communities. The involvement of youth volunteers was instrumental in reaching the most vulnerable and distressed populations. UNICEF leverages its partnership with DGHS, DPHE and District Information Office (DIO) at local level to organize massive community awareness sessions on health and hygiene promotions to tackle AWD, teach public to use water purification tablets properly. Such sessions also disseminate lifesaving information covering a wide range of issues i.e, prevention of drowning, treatment for snakebite etc.

7. Locations

	Targeted			Reached		
People per Sector	**Health**					
Chittagong	90	%	141,503	70	%	173,098
Sylhet	10	%	15,722	30	%	74,185
	100	%	157,225	100	%	247,283
People per Sector	**Water, Sanitation and Hygiene**					
Chittagong	100	%	200,000	100	%	213,553
Sylhet	0	%	0	0	%	0
	100	%	200,000	100	%	213,553

Comments on People Reached

Due to the nature of the eastern floods in Chittagong division, it's attract more donors supporting the response operation in Chittagong division living Sylhet division less supported. Taking advantage of CERF funding and to reach the last miles, UNICEF spend more percentage of money in Sylhet division from CERF than planned. In addition to the CERF, UNICEF also received ECHO funding which has been utilized for more interventions in Chittagong division. Thus, changes has been reflected in the number of people per divisions.

Comments on Budget

As mentioned above, Due to the nature of the eastern floods in Chittagong division, it's attract more donors supporting the response operation in Chittagong division living Sylhet division less supported. Taking advantage of CERF funding and to reach the last miles, UNICEF spend more percentage of money in Sylhet division from CERF than planned. In addition to the CERF, UNICEF also received ECHO funding which has been utilized for more interventions in Chittagong division. Therefore, amount has been increased for Sylhet division from CERF. Thus, changes has been reflected in the percentage of amount of people per divisions.

	Targeted			Reached		
Budget per Sector	**Health**					
Chittagong	90	%	449,955.16	70	%	349,965.13
Sylhet	10	%	49,995.02	30	%	149,985.05
	100	%	499,950.18	100	%	499,950.18
Budget per Sector	**Water, Sanitation and Hygiene**					
Chittagong	100	%	1,000,050.36	100	%	1,000,050.36
Sylhet	0	%	0.00	0	%	0.00
	100	%	1,000,050.36	100	%	1,000,050.36

Programming and Implementation

8. Effective Programming

8.1 Effective programming *

Flood affected people were actively involved in the implementation and monitoring of the project activities through intensive consultations, ensuring inclusive participation. The opinions and feedback from the communities were incorporated into the programme implementation. For health, affected people from marginalized communities were also connected through the REMN program. For the implementation of health interventions, microplanning was done using a bottom-up approach where community health care providers brought forward grassroots voices. In addition, community engagement sessions for the REMN program also provided another opportunity for affected people to share their opinions for timely ANC, PNC, IMCI services, and WASH and infection prevention and control practices to prevent AWD and to know when to seek care. For WASH interventions, DPHE and NGO partner CODEC also engaged affected people in different phases through community consultations implemented by the union parishad. In addition, youth volunteers were engaged by DPHE in the distribution of WASH supplies and delivery of hygiene messages, empowering local communities to actively share their concerns and feedback with the young people involved in the distribution. UNICEF also deployed staff periodically to monitor programme implementation, ensure effectiveness and develop community ownership.

8.2 Protection Budget Value and People Reached

Sector Name	Sector Budget		Protection Budget Percent	Protection Budget Value	Protection People Targeted
Water, Sanitation and Hygiene	1,000,050.36	Targeted	2.00	20,001.01	25,000
		Reached	2.00	20,001.01	110,407
Health	499,950.18	Targeted	0.00	0.00	0
		Reached	0.00	0.00	137,543

8.3. Comment on the Protection Budget Value

In the UNICEF WASH response, the protection of affected and at-risk populations was mainstreamed throughout the project's design and implementation by ensuring access to safe, private, and secure water and sanitation facilities, particularly for women, children, and PWD. The design of latrines and water points incorporated features like lighting and proximity to households to ensure safe access for women, girls, and PwD, ensuring accessibility at any time of the day. Additionally, the project ensured that hygiene kits and WASH supplies prioritized vulnerable groups, including GBV survivors and marginalized populations. Training sessions on protection principles, including safety, confidentiality, and informed consent, were provided to IPs. All UNICEF components also had robust feedback and complaints mechanisms to enable affected communities to raise their concerns and feedback at any time during the implementation of the above-mentioned interventions. These efforts collectively strengthened community resilience and protected at-risk individuals. Since protection was mainstream throughout the UNICEF response, it has reached significant number of woman and girls using the planned budget. Though, no budget was allocated for health interventions, protection was also considered throughout the delivery of health services for woman and girls. All the activities have been implemented ensuring the access of the women and girls. The government health officials also oriented on ensuring the safety and dignity of the women and girls.

8.4 Protection from GBV Budget Value and People Reached

Sector Name	Sector Budget		GBV Budget Percent	GBV Budget Value	GBV People Targeted
Water, Sanitation and Hygiene	1,000,050.36	Targeted			
		Reached	2.00	20,001.01	110,407
Health	499,950.18	Targeted			
		Reached	2.00	9,999.00	137,543

8.5. Comment on the Protection from GBV Budget Value

The project implemented a confidential and accessible mechanism to record and handle SEA-related complaints, ensuring survivor-centered support. For health, through close collaboration with local health authorities, UNICEF established a robust monitoring system . These consultants operated on the ground, ensuring strict oversight, identifying potential risks, and addressing any issues promptly to uphold the safety and integrity of the project. For WASH, DPHE is oriented on PSEA in advance and is familiarized with the relevant policies, guidelines, and mechanisms to address SEA issues, ensuring confidentiality, accessibility, and appropriate follow-up. The NGO partners implementing Health and WASH activities undertook a rigorous PSEA assessment prior to onboarding, and staff were oriented on the subject matter and acquired the ability to handle sensitive feedback and complaints. No specific allocation has been captured in the system. However, around 2% of the project budget utilized in this regard.

8.6. Gender Equality Budget Value and People Reached

Sector Name	Sector Budget		Gender Equality Budget Percent	Gender Equality Budget Value	Gender Equality People Targeted
Water, Sanitation and Hygiene	1,000,050.36	Targeted		0.00	
		Reached	1.00	10,000.50	110,407
Health	499,950.18	Targeted		0.00	
		Reached	1.00	4,999.50	137,543

8.7. Comment on the Gender Equality Budget Value

UNICEF prioritized women, girls, and sexual and gender minorities for health interventions to ensure equitable access to health services. Through coordination with DGHS, UNICEF ensured pregnant women, children under one year, and children under five accessed services, addressing the barriers women and children face in accessing healthcare. A bottom-up micro-planning approach empowered community healthcare providers to design inclusive services for women, girls, and marginalized communities. To strengthen women's empowerment, mothers' assemblies and courtyard sessions provided safe spaces for women to discussed health rights and reproductive health issues. The UNICEF WASH response also contributed to gender equality by ensuring that WASH services were accessible and inclusive, particularly for women, girls, and sexual and gender minorities. The interventions also considered that women and girls often bear the brunt of water collection and sanitation burdens; thus, the project emphasizes their active participation in decision-making processes related to water and sanitation infrastructure. The construction of safe, accessible latrines and water points is designed with gender considerations, ensuring privacy and safety for women and girls, especially in emergency settings. Additionally, health and hygiene education campaigns specifically target women and girls, empowering them with knowledge to safeguard their health and well-being.

8.8. Disability Budget Value and People Reached

Sector Name	Sector Budget		Persons with Disabilities Budget Percentage	Persons with Disabilities Budget Value
Water, Sanitation and Hygiene	1,000,050.36	Targeted		0.00
		Reached	1.00	10,000.50
Health	499,950.18	Targeted		0.00
		Reached	1.00	4,999.50

8.9. Comment on Disability Budget Value and People Reached

A total of 4818 PWD has been supported through this project. The UNICEF WASH response prioritized the inclusion and accessibility of WASH services. Specifically, the project ensured that all newly constructed latrines and water points were equipped with handrails and designed to accommodate the needs of individuals with mobility impairments. This inclusive design ensures that PwD, particularly women and girls with disabilities, can access these essential services safely and independently. UNICEF health section, through this grant, supported health facilities with minor repairs, renovations, and logistics, with a particular focus on enhancing accessibility for PWD, as well as providing logistics and qualified service providers to ensure quality services for all groups. This support is crucial as it ensures that individuals with disabilities can access essential healthcare services without barriers, promoting inclusivity and equal access to medical care. There is separate funding allocation for PWD instead it is mainstream within the overall programme approaches.

9. Funding										
Total CERF funds sub-granted to implementing partners:									**631,973.00**	
International NGO									0.00	0 %
National NGO									89,458.00	6 %
	WLO		RLO		YLO		OPD			
	0.00	0 %	0.00	0 %	0.00	0 %	0.00	0 %		
Others / Government									542,515.00	36 %
Private Contractor									0.00	0 %
Red Cross/Red Crescent Society									0.00	0 %
UN and IOM									0.00	0 %

10. Sub-Implementing Partners							
Partner Name	**Partner Type**	**Budget in US $**	**Expenditure in US $ 1st Financial Report**	**Date of First Payment to Implementing Partner**	**Start Date of CERF Funded Activities**	**Activities**	**Comment (mandatory if 15% variance)**
Department of Public Health and Engineering (DPHE)	Others / Government	235,360	344,886	20-Oct-2024	19-Aug-2024	**Water, Sanitation and Hygiene** **Activity 1.1.1** Repair, construction, and disinfection of water points (deep tube wells with hand pumps, deep tube w... , **Activity 1.2.1** Repair and construct latrines to replace destroyed and damaged sanitation facilities, ensuring the s... , **Activity 1.3.1** Raising awareness, ensuring active participation, and promoting accountability among affected popula... , **Activity 1.4.1** Provision of essential WASH-related non-food items and supplies (e.g., water purification tablets, j...	As mentioned below, DPHE agreed to work in a reimbursement modalities to provide rapid response to this unprecedented floods. Therefore, some amount has been moved to the DPHE from NGO partner to provide lifesaving services without any delay. It also helped to immediately starts the services since on boarding process and procedures were causing delay for NGO partner.
COMMUNITY DEVELOPMENT CENTRE	National NGO	89,458	65,564	18-Sep-2024	18-Sep-2024	**Health** **Activity 1.1.1** Repair, construction, and disinfection of water points (deep tube wells with hand pumps, deep tube w... , **Activity 1.1.1** Support Upazila health managers to prepare local level microplans for MNCH service delivery in the a... , **Activity 1.1.2** Line listing of pregnant women and children under	The eastern floods in Feni, Noakhali, Cumilla, Laxmipur and Khagrachari was an unprecedented one and large number of people were affected. Internal procedures were taking time to start the rapid response. Therefore, some amount has been moved to the government partner (DPHE) who delivered service rapidly in a reimbursement

						one year of age, ensure at least 90% of them recei... , **Activity 1.1.3** Implement Reaching Every Mother and Newborn (REMN) Strategy to restore MNCH services including ANC, ... , **Activity 1.1.4** Facilitate the referral of high-risk pregnant women and sick newborns with complications to higher-l... , **Activity 1.1.5** Minor renovations and logistical support (essential lifesaving medicine and equipment) to the select... , **Activity 1.1.6** Engage local government representatives and religious leaders to identify the vulnerable children an... , **Activity 1.2.1** Repair and construct latrines to replace destroyed and damaged sanitation facilities, ensuring the s... , **Activity 1.3.1** Raising awareness, ensuring active participation, and promoting accountability among affected popula... , **Activity 1.4.1** Provision of essential WASH-related non-food items and supplies (e.g., water purification tablets, j...	modalities. No change has been made in the broader activities.
COMMUNITY DEVELOPMENT CENTRE	National NGO	89,458	65,564	18-Sep-2024	18-Sep-2024	**Water, Sanitation and Hygiene** **Activity 1.1.1** Repair, construction, and disinfection of water points (deep tube	The eastern floods in Feni, Noakhali, Cumilla, Laxmipur and Khagrachari was an unprecedented one and large number of

						wells with hand pumps, deep tube w... , **Activity 1.1.1** Support Upazila health managers to prepare local level microplans for MNCH service delivery in the a... , **Activity 1.1.2** Line listing of pregnant women and children under one year of age, ensure at least 90% of them recei... , **Activity 1.1.3** Implement Reaching Every Mother and Newborn (REMN) Strategy to restore MNCH services including ANC, ... , **Activity 1.1.4** Facilitate the referral of high-risk pregnant women and sick newborns with complications to higher-l... , **Activity 1.1.5** Minor renovations and logistical support (essential lifesaving medicine and equipment) to the select... , **Activity 1.1.6** Engage local government representatives and religious leaders to identify the vulnerable children an... , **Activity 1.2.1** Repair and construct latrines to replace destroyed and damaged sanitation facilities, ensuring the s... , **Activity 1.3.1** Raising awareness, ensuring active participation, and promoting accountability among affected popula... , **Activity 1.4.1** Provision of essential WASH-	people were affected. Internal procedures were taking time to start the rapid response. Therefore, some amount has been moved to the government partner (DPHE) who delivered service rapidly in a reimbursement modalities. No change has been made in the broader activities.

						related non-food items and supplies (e.g., water purification tablets, j...	
Directorate General of Health Services	Others / Government	307,155	215,935	27-Oct-2024	25-Aug-2024	**Health** **Activity 1.1.1** Support Upazila health managers to prepare local level microplans for MNCH service delivery in the a... , **Activity 1.1.2** Line listing of pregnant women and children under one year of age, ensure at least 90% of them recei... , **Activity 1.1.3** Implement Reaching Every Mother and Newborn (REMN) Strategy to restore MNCH services including ANC, ... , **Activity 1.1.4** Facilitate the referral of high-risk pregnant women and sick newborns with complications to higher-l... , **Activity 1.1.5** Minor renovations and logistical support (essential lifesaving medicine and equipment) to the select... , **Activity 1.1.6** Engage local government representatives and religious leaders to identify the vulnerable children an...	DGHS as a longstanding partner of UNICEF, work in a reimbursement modalities to provide rapid response to this unprecedented floods. It also helped to immediately starts the services.
Total		721,431.00	691,952.17				
Latest Financial Report Expenditure			667,651.25				
Comment: Briefly describe the reason for invalid date inputs							

The DPHE has longstanding partnership with UNICEF and payment modalities between DPHE and UNICEF allows DPHE to implement the emergency interventions in a reimbursement modalities. Therefore, the activities has been starts immediately and payment has been made once the plan and budget is finalized in a rapidly changing situation. For DGHS, It's took time to conduct the need assessment and develop the micro planning. However, once the plan is finalized, payment also been made immediately for rapid implementation of the activities.

11. Cash and Voucher Assistance (CVA)

11.1 Cash

CVA Type	Cluster/Sector	Planned People Targeted	People Reached	Total planned transfer amount	Total amount transferred info
No CVA types were added in this project.					

11.2 CVA Total People Reached	Targeted		Reached	

11.3 Comments on the Reached people" (mandatory if variance is more than 15%)

Project Proposal: CERF-BGD-24-RR-WFP-33575	
Allocation Code:	CERF Rapid Response: Bangladesh Sep 2024 (Flood)
Project Code:	CERF-BGD-24-RR-WFP-33575
Emergency Type:	Climate / natural disaster - Flood
Project Sector/Cluster:	Food Security - Food Assistance
Organization:	World Food Programme (WFP)

1. Project Overview	
1.1 Project Title	Emergency Food and Recovery Assistance for the 2024 Bangladesh Eastern Flood Response
1.2 Start Date	24-Aug-2024
1.3 End Date	23-Feb-2025
1.4 Extended End Date	
1.5 Project Duration	6 Months

1.6 Project Revision

Revision Name	Revision Project	Date Revision Submitted	Date Revision Approved	Revision Status
Revision 1	Reprogramming	14-Nov-2024	27-Nov-2024	Approved - Project form updated

1.7 Funding Summary	
1.7.1 Total Funds Required for Organization's Response	28,753,520.00
1.7.2 Funds Received for Organization's Response	3,700,000.00
1.7.3 Total Funds Requested from CERF for this Proposal	2,000,000.00

1.8 Project Results Summary	WFP implemented a comprehensive three-phased emergency response to support flood-affected populations, with generous support from donor partners including UNCERF. **Results under CERF funding:** **• Phase 1 – Immediate Food Assistance:** WFP distributed 150 mt of high-energy biscuits to 30,000 households (150,000 people) living in flood shelters or waterlogged areas without access to cooking facilities. **• Phase 2 – Unconditional Assistance:** As the situation stabilized and markets reopened, WFP transitioned to unconditional cash support, enabling affected families to meet their essential needs while supporting market recovery. A total of 10,265 households (51,325 people) received BDT 6,000 (US$50) each via mobile money transfer through their bKash accounts. WFP also leveraged national social protection mechanisms to ensure the inclusion of vulnerable women affected by floods. **• Phase 3 – Conditional Assistance:** To support long-term recovery and community resilience, WFP implemented cash-for-work programmes that engaged 10,936 participants in disaster risk reduction activities. Participants received BDT 500 (USD 4.3) per day for 20 workdays (BDT 10,000 or USD 82 total). These efforts benefitted the participants and their families (54,680 people) and led to the construction or rehabilitation of over 200 km of rural roads and embankments, restoring community infrastructure and access.

1.9 Changes And Amendments	WFP made strategic adjustments to the implementation of the CERF-funded project to better align with emerging needs on the ground. Specifically, **USD 1 million was reprogrammed from Phase II to Phase III** under the USD 2 million CERF allocation. This amendment was informed by updated assessments which indicated that **cash-for-work (CFW) activities under Phase III**–focused on restoring community assets and supporting household incomes–were more appropriate for the evolving context in the affected areas. Simultaneously, **alternative funding sources were secured to support Phase II** (unconditional cash transfers), allowing WFP to reallocate CERF resources without halting essential support. As a result of this reprogramming: - Phase II beneficiaries were reduced from 134,000 to 51,325, while - Phase III beneficiaries increased significantly from 5,075 to 54,680. Consequently, the **overall number of people assisted** under the project was **revised from 284,000 to 204,680**, reflecting a shift in focus from immediate relief to more sustainable recovery efforts. The response faced several operational challenges. Following the July revolution, the country entered a period of political transition during which local government systems were largely non-functional. This required additional efforts to ensure community mobilization and ownership. Coordination was also challenging in the early phase of the response due to the scale of the disaster and the limited familiarity of newly appointed district authorities with established coordination mechanisms. In addition, the slow recession of floodwaters led to prolonged waterlogging, which significantly hampered field access and delayed implementation. The low level of financial literacy among beneficiaries further underscored the need for stronger preparatory and sensitization efforts in future interventions.

2. Project Objective

2.1 Project Objective

To meet the basic needs of the flood affected households according to their priorities and to restore livelihood and damaged infrastructure

Logical Framework

Logical Framework details for Food Security - Food Assistance

3. Outcomes and outputs

Outcome 1

Flood affected households receiving food and multipurpose cash assistance maintained their ability to meet the basic needs of their family

Comment on progress in achieving project outcome :

Monitoring results indicated that all surveyed households (100 percent) were able to meet their basic needs.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 1.1(Standard)				
(Global) FS.2 - Percentage of households who report being able to meet the basic needs of their households according to their priorities Unit: Percentage	90	Women: 0 Girls: 0 Men: 0 Boys: 0	100	Women: 0 Girls: 0 Men: 0 Boys: 0

Reporting on Achievements:

The target was exceeded, with 100 percent of surveyed households reporting that they were able to meet their basic needs according to their own priorities. This indicates a strong recovery impact and suggests that the assistance provided effectively supported households in restoring essential access to food, income, and other necessities.

Output 1.1

Description

Provision of fortified biscuits to meet the immediate food need of the affected households

Comment on progress in achieving project output :

A total of 150 mt of High Energy Biscuits (HEBs) were distributed among 150,000 beneficiaries as part of the emergency response.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	**Type**	**Indicator**	**End-Cycle Beneficiaries**			
Indicator 1.1.1	Standard	(Global) FN.1a - Number of people receiving in-kind food assistance **Unit:** People	150,000	Women: 48789 Men:41470 Girls:29573 Boys:30168	150,000	Women: 48780 Men: 41475 Girls: 29580 Boys: 30165
Comments on Reached:						
Indicator 1.1.2	Standard	(Global) FN.1b - Quantity of food assistance distributed in MT **Unit:** MT	150	Women:0 Men:0 Girls:0 Boys:0	150	Women:0 Men:0 Girls:0 Boys:0

Comments on Reached: The project reached 150,000 beneficiaries with 150 mt of High Energy Biscuits (HEBs), meeting the planned target for this emergency intervention.

Output 1.2

Description

Provision of multipurpose cash transfer to meet the food and other essential needs of the households

Comment on progress in achieving project output :

A total of USD 555,059 was distributed to 54,580 individuals as part of the cash-based assistance initiative.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	**Type**	**Indicator**	**End-Cycle Beneficiaries**			
Indicator 1.2.1	Standard	(CASH) Number of people receiving Multi-purpose cash **Unit:** People	51,325	Women: 16694 Men:14190 Girls:10119 Boys:10322	54,580	Women: 17750 Men: 15091 Girls: 10763 Boys: 10976
Comments on Reached: The number of people reached (54,580) exceeded the original target of 51,325 due to reprogramming.						
Indicator 1.2.2	Standard	(CASH) Total value of Multi-purpose cash distributed in USD **Unit:** Dollars	517,581	Women:0 Men:0 Girls:0 Boys:0	555,059	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: The total amount distributed (USD 555,059) surpassed the planned value of USD 517,581 as a result of reprogramming.						

3. Outcomes and outputs

Outcome 2

Flood affected communities and households implemented recovery actions to restore livelihood and rebuild community infrastructures

Comment on progress in achieving project outcome :

The outcome was fully achieved. Flood-affected communities and households undertook recovery actions to restore livelihoods and rehabilitate community infrastructure, with support from WFP and partners. Activities were completed as planned, contributing to enhanced community resilience and recovery.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 2.1(Custom)				
Percentage of the targeted households reported to invest in recovery activities Unit: Percentage	90	Women: 0 Girls: 0 Men: 0 Boys: 0	95	Women: 0 Girls: 0 Men: 0 Boys: 0

Reporting on Achievements:

The target was surpassed, with 95.27 percent of targeted households reporting that they invested in recovery activities. This reflects the effectiveness of the support provided in enabling households to take proactive steps toward rebuilding their livelihoods and strengthening resilience.

Outcome Indicator 2.2(Custom)				
Percentage of planned schemes implemented to rebuild community infrastructures Unit: Percentage	95	Women: 0 Girls: 0 Men: 0 Boys: 0	99	Women: 0 Girls: 0 Men: 0 Boys: 0

Reporting on Achievements:

99.99 percent of planned community infrastructure schemes were implemented, exceeding the 95 percent target and reflecting strong coordination and execution.

Output 2.1

Description

Cash for asset activities implemented in the affected communities to reconstruct community infrastructure

Comment on progress in achieving project output :

Completed. A total of USD 881,395 was distributed which benefitted 52,000 people through food assistance for asset activities.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 2.1.1	Standard	(CASH) Number of people receiving Conditional cash transfers **Unit:** People	54,680	Women: 17785 Men:15117 Girls:10781 Boys:10997	52,000	Women: 16910 Men: 14378 Girls: 10255 Boys: 10457
Comments on Reached:						
Indicator 2.1.2	Standard	(CASH) Total value of Conditional cash transfers distributed in USD **Unit:** Dollars	918,996	Women:0 Men:0 Girls:0 Boys:0	881,395	Women:0 Men:0 Girls:0 Boys:0

Comments on Reached: The project reached 52,000 individuals, achieving 95 percent of the target. Slight variations in final numbers were due to adjustments based on community needs and eligibility verification during implementation.

5. People Targeted

5. People Directly Reached

PROJECT DETAIL

Categories		Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Internally Displaced People	Targeted	0	0	0	0	0
Internally Displaced People	Reached	0	0	0	0	0
Refugees	Targeted	0	0	0	0	0
Refugees	Reached	0	0	0	0	0

Returnees	Targeted	0	0	0	0	0
Returnees	Reached	0	0	0	0	0
Host Communities	Targeted	0	0	0	0	0
Host Communities	Reached	0	0	0	0	0
Other	Targeted	92,374	55,991	78,516	57,119	284,000
Other	Reached	66,564	40,362	56,593	41,161	204,680
Total People directly Targeted						
	Targeted	92,374	55,991	78,516	57,119	284,000
	Percentage of Female 52 %		Percentage of Male 48 %		Percentage of Child 40 %	
	Reached	66,564	40,362	56,593	41,161	204,680
	Percentage of Female 52 %		Percentage of Male 48 %		Percentage of Child 40 %	

Persons with disabilities						
	Targeted	2,540	1,540	2,159	1,571	7,810
	Reached	2,017	1,223	1,715	1,247	6,202
	Percentage of PWD against Total Targeted 3%					

Directly Targeted by Sector/Cluster

Cluster	Category	Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Food Security - Food Assistance	Internally Displaced People - Targeted	0	0	0	0	0
	Internally Displaced People - Reached	0	0	0	0	0
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	0	0	0	0	0
	Returnees - Reached	0	0	0	0	0
	Host Communities - Targeted	0	0	0	0	0
	Host Communities - Reached	0	0	0	0	0
	Other - Targeted	92,374	55,991	78,516	57,119	284,000

Food Security - Food Assistance	Other - Reached	66,564	40,362	56,593	41,161	204,680
	Total People directly Targeted					
	Targeted	92,374	55,991	78,516	57,119	284,000
	Percentage of Female 52 %		Percentage of Male 48 %		Percentage of Child 40 %	
	Reached	66,564	40,362	56,593	41,161	204,680
	Percentage of Female 52 %		Percentage of Male 48 %		Percentage of Child 40 %	
	Persons with Disabilities					
	Targeted	2540	1540	2159	1571	7810
	Reached	2,017	1,223	1715	1247	6,202
	Percentage of PWD against Project Total 3%					

5.1 Comments for People Targeted *

In response to the devastating floods across four affected districts–Noakhali, Cumilla, Feni, and Lakshmipur, WFP provided assistance to 204,680 people. To support recovery, WFP implemented cash-for-work activities aimed at rehabilitating damaged infrastructure and restoring cultivable land, helping affected communities rebuild resilience and regain income sources.

6. People Indirectly Reached

6.1 Estimate on people indirectly reached

Targeted	13,527,234	**Reached**	800,000

6.2 People indirectly reached by the project

WFP supported over 40,000 families during the response, indirectly benefiting more than 200,000 people. Additionally, the construction of 259 earthen schemes is expected to positively impact around 600,000 people in the community, while protecting 27,000 acres of land for multipurpose use - benefiting landowners, users, and over 10,000 farmers.

The originally recorded target of 13,527,234 appears to be an overestimation or data entry oversight, as it does not align with the project's scope or resources. The revised figure of 800,000 reached aligns more accurately with the programme's design and implementation framework.

7. Locations

	Targeted			Reached		
People per Sector	**Food Security - Food Assistance**					
Chittagong	100	%	284,000	100	%	204,680
	100	%	284,000	100	%	204,680

Comments on People Reached

Comments on Budget

	Targeted			Reached		
Budget per Sector	**Food Security - Food Assistance**					
Chittagong	100	%	2,000,000.00	100	%	2,000,000.00
	100	%	2,000,000.00	100	%	2,000,000.00

Programming and Implementation

8. Effective Programming

8.1 Effective programming *

Localization: WFP partnered with local NGOs YPSA and CODEC to coordinate across all response phases—engaging stakeholders at community, upazila, and district levels. To ensure accountability and community engagement, affected populations were able to voice concerns and provide feedback through a secure toll-free hotline. Local partners and authorities were actively involved in the planning, coordination, and implementation processes.

Protection and Accountability to Affected People (AAP): WFP mainstreamed protection across all programming to ensure safe, inclusive access for all, especially vulnerable groups. Transparent transfers, a toll-free feedback hotline, and strong safeguards upheld accountability, prevented exploitation, and strengthened protection standards across partner practices.
Key activities undertaken to ensure inclusive and responsive programming included:
• Community Consultations: Engaged diverse groups (women, men, elderly, children, persons with disabilities) to identify protection risks and specific needs. Insights informed programme design and implementation.
• Protection Messaging: Shared during distributions, these messages informed beneficiaries of their rights, targeting criteria, and available services to enhance awareness and accountability.
• Feedback Mechanisms: As part of WFP's commitment to AAP, multiple community feedback channels were used, including a toll-free hotline, helpdesks, complaint boxes, and partner referrals. Hotline numbers were widely disseminated, and partners were trained on CFM standards. Over 800 calls were received, primarily regarding distribution schedules, programme queries, and mobile banking issues, and 100% were resolved.

Protection Against Sexual Exploitation and Abuse (PSEA): WFP staff and Cooperating Partners (CP) were trained on protection, inclusion, and PSEA. All CPs were assessed through the UN PSEA portal, with mandatory reporting clauses included in agreements. Confidential reporting channels were available through designated focal points and Office of Inspections and Investigations (OIGI). A survivor-centered approach ensured timely support through local referral systems.

Protection from Gender-Based Violence (GBV): WFP engaged with the GBV sub-cluster to coordinate protection efforts and share referral pathways with partners. To reduce GBV risks, WFP implemented safe, gender-responsive distribution measures—such as convenient timing, separate queues, female staff presence, and provision of referral information.

Gender Equality Considerations: WFP conducted a rapid gender analysis with the Gender in Humanitarian Action Working Group to inform the Humanitarian Response Plan (HRP) and ensure gender-responsive programming. Targeting prioritized female-headed households, pregnant and breastfeeding women, and adolescent girls. Women were actively involved in decision-making, and sex- and age-disaggregated data were used to guide both programme design and implementation for more inclusive outcomes.

Disability Inclusion: WFP ensured equitable access for households with persons with disabilities by prioritizing them during targeting and adapting distribution mechanisms. This included priority access, alternative collection options through household members, and home deliveries when needed. WFP and its partners worked to make services accessible and dignified, reaffirming their commitment to inclusive assistance.

8.2 Protection Budget Value and People Reached

Sector Name	Sector Budget		Protection Budget Percent	Protection Budget Value	Protection People Targeted
Food Security - Food Assistance	2,000,000.00	Targeted	0.00	0.00	0
		Reached	0.00	0.00	0

8.3. Comment on the Protection Budget Value

Although WFP did not allocate a standalone budget line for protection, protection-related activities were systematically integrated into the overall programme design and implementation, ensuring that protection considerations were addressed across all phases of the response.

8.4 Protection from GBV Budget Value and People Reached

Sector Name	Sector Budget		GBV Budget Percent	GBV Budget Value	GBV People Targeted
Food Security - Food Assistance	2,000,000.00	Targeted			
		Reached	0.00	0.00	0

8.5. Comment on the Protection from GBV Budget Value

Gender-based violence (GBV) was not addressed through a standalone component but was mainstreamed as a cross-cutting theme across all activities. Although no dedicated budget was allocated for GBV-specific programming, key protection measures were integrated throughout the response to mitigate GBV risks and ensure a safe and inclusive environment for all participants.

8.6. Gender Equality Budget Value and People Reached

Sector Name	Sector Budget		Gender Equality Budget Percent	Gender Equality Budget Value	Gender Equality People Targeted
Food Security - Food Assistance	2,000,000.00	Targeted		0.00	
		Reached	0.00	0.00	0

8.7. Comment on the Gender Equality Budget Value

While no dedicated budget was allocated for standalone gender equality programming, gender equality was systematically mainstreamed across all activities to ensure inclusive and equitable access to assistance for women, men, girls, and boys.

8.8. Disability Budget Value and People Reached

Sector Name	Sector Budget		Persons with Disabilities Budget Percentage	Persons with Disabilities Budget Value
Food Security - Food Assistance	2,000,000.00	Targeted		0.00
		Reached	0.00	0.00

8.9. Comment on Disability Budget Value and People Reached

Disability was mainstreamed across the response as part of WFP's commitment to inclusion and equity. While there was no targeted programming or dedicated budget, efforts were made to ensure that persons with disabilities were not excluded from assistance and could participate meaningfully in the response.

9. Funding

Total CERF funds sub-granted to implementing partners:									93,409.00	
International NGO									0.00	0 %
National NGO									93,409.00	5 %
	WLO		RLO		YLO		OPD			
	0.00	0 %	0.00	0 %	0.00	0 %	0.00	0 %		
Others / Government									0.00	0 %
Private Contractor									0.00	0 %
Red Cross/Red Crescent Society									0.00	0 %
UN and IOM									0.00	0 %

10. Sub-Implementing Partners

Partner Name	Partner Type	Budget in US $	Expenditure in US $ 1st Financial Report	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities	Activities	Comment (mandatory if 15% variance)
COMMUNITY DEVELOPMENT CENTRE	National NGO	41,879	42,001	24-Oct-2024	28-Aug-2024	**Food Security - Food Assistance Activity 1.1.4** Conduct emergency food (fortified biscuit) distribution at flood shelters and waterlogged households... , **Activity 1.1.6** Coordinate the activities with government, clusters, other UN and international/national organizatio... , **Activity 1.2.10** Transfer unconditional cash (BDT 6,000/HH) to the beneficiaries through mobile transfer using bKash ... , **Activity 1.2.11** Conduct physical visits to the households and remote monitoring and verification of correct receipt ... , **Activity 1.2.3** Select sub-districts and unions in consultation with the local administrations and UN agencies invol... , **Activity 1.2.5**	

						Inform the Ministry of Disaster Management and Relief (MoDMR), Department of Disaster Management (DD... , **Activity 1.2.6** Beneficiary selection, verification, and registration... , **Activity 1.2.7** Open bKash accounts (for those that do not have own accounts)... ., **Activity 1.2.9** Provide a nutrition education package for the intended beneficiaries on food and nutrition with mess... , **Activity 2.1.3** Select the most vulnerable households with able-bodied family members (that will engage in the recon... , **Activity 2.1.4** Beneficiaries conduct repairing or reconstruction work ... , **Activity 2.1.5** Transfer conditional cash (BDT10,000) per beneficiary...	
Young Power in Social Action	National NGO	51,530	51,691	23-Oct-2024	28-Aug-2024	**Food Security - Food Assistance** **Activity 1.1.4** Conduct emergency food (fortified biscuit) distribution at flood shelters and waterlogged households... , **Activity 1.1.6** Coordinate the activities with government, clusters, other UN and international/national organizatio... , **Activity 1.2.10** Transfer unconditional cash (BDT 6,000/HH) to the beneficiaries	

						through mobile transfer using bKash ... , **Activity 1.2.11** Conduct physical visits to the households and remote monitoring and verification of correct receipt ... , **Activity 1.2.3** Select sub-districts and unions in consultation with the local administrations and UN agencies invol... , **Activity 1.2.5** Inform the Ministry of Disaster Management and Relief (MoDMR), Department of Disaster Management (DD... , **Activity 1.2.6** Beneficiary selection, verification, and registration... , **Activity 1.2.7** Open bKash accounts (for those that do not have own accounts)... ., **Activity 1.2.9** Provide a nutrition education package for the intended beneficiaries on food and nutrition with mess... , **Activity 2.1.3** Select the most vulnerable households with able-bodied family members (that will engage in the recon... , **Activity 2.1.4** Beneficiaries conduct repairing or reconstruction work ... , **Activity 2.1.5** Transfer conditional cash (BDT10,000) per beneficiary...	
Total		93,409.00	93,693.33				

Latest Financial Report Expenditure	35,745.00	
Comment: Briefly describe the reason for invalid date inputs		

11. Cash and Voucher Assistance (CVA)

11.1 Cash

CVA Type	Cluster/Sector	Planned People Targeted	People Reached	Total planned transfer amount	Total amount transferred info
Multi-purpose cash	Food Security - Food Assistance	51,325	54,580	517,581.00	555,059.00
Conditional cash transfers	Food Security - Food Assistance	54,680	52,000	918,996.00	881,395.00
11.2 CVA Total People Reached		**Targeted**	**54,680**	**Reached**	**54,580**

11.3 Comments on the Reached people" (mandatory if variance is more than 15%)